

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10817299</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
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42		41					92						
43		42					93						
44		43					94						
45		44					95						
46		45					96						
47		46					97						
48		47					98						
49		48					99						
50		49					100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	6						TOTAL DEP.						
TOTAL CLAIMS	7						TOTAL CLAIMS						